

# **FIRST STEPS TRAINING ANNOUNCEMENT**

## **FIRST STEPS SERVICE COORDINATION - 2003**

### **PLEASE READ CAREFULLY, PRIOR TO SUBMITTING REGISTRATION:**

- Questions regarding the personnel requirements for First Steps, should be directed to your regional Technical Assistance Team.
- Regulations require that every Individual wishing to provide First Steps Service Coordination complete the Interim SC and IFSP Process training, and within six months, a one day follow-up training (total of five days).
- After completion of the first four days of service coordinator training, interim certification will permit you to temporarily provide and bill for Service Coordination within First Steps.
- A fifth day of follow-up training is required to receive permanent certification as a Service Coordinator. This must be completed within six months.
- During the interval between trainings, the interim SC will be required to complete assignments, observe IFSP meetings, and practice SC. These assignments require the use of the First Steps Policies and Procedures Manual. Therefore, it is the responsibility of the registrant to obtain and bring to each day of training a copy of the manual. The manual can be downloaded at <http://commissionkids.state.ky.us> or if registrant is being employed by an approved First Steps provider, they may wish to make arrangements for use of the provider's manual.
- Questions regarding registration for training should be directed to the Lexington CSHCN, First Steps office at 800-817-3874 or 859-252-2689, ext. 227, Sarah Walker. It is advisable to contact Ms. Walker after sending registration to make sure your registration was received and because dates are subject to change.
- Registration is accepted only after approval from your Program Consultant during the moratorium. To register please complete this form after approval is given and fax or mail. Phone registration is not available under any circumstances. There is no registration fee. A separate form for each registrant must be completed.
- Confirmation of registration will be mailed to you. This will verify the dates you are registered and location. You must attend the full day to receive credit.

# FIRST STEPS TRAINING ANNOUNCEMENT / REGISTRATION

## FIRST STEPS SERVICE COORDINATION - 2003

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION. FAILURE TO DO SO WILL RESULT IN FORFEITING REGISTRATION. BE SURE YOUR NAME AND PROVIDER'S NAME ARE CONSISTANT WITH WHAT WILL APPEAR ON THE PROVIDER ENROLLMENT FORM. INCONSISTENCIES WILL DELAY THE ABILITY FOR THIS PERSON TO PROVIDE FIRST STEPS SERVICES.

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Name: \_\_\_\_\_

Service Provider Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Address (where confirmation should be mailed): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### ORIENTATION TO FIRST STEPS & SERVICE COORDINATION TRAINING

Day One/Day Two

Day Three/Day Four

Day Five

May 14 & 15, 2003

May 28 & 29, 2003

Aug 5, 2003

**MAIL TO:** CSHCN, First Steps  
333 Waller Avenue, Suite 300  
Lexington, KY; 40504

**FAX TO:** Attn: First Steps 1-859-225-7155